

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40595

BIRTH NO.		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5491	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 5022 Sunset Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5022 Sunset Drive				d. STREET ADDRESS (If rural, give location) 5022 Sunset Drive			
3. NAME OF DECEASED (Type or Print) DOLLIE		a. (First) C.		b. (Middle) BOYLEN		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) December 28, 1950		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 6, 1890		9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Stephens		13b. MOTHER'S MAIDEN NAME - Maxwell		14. NAME OF HUSBAND OR WIFE Robert T. Boylen, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Flynn, 5022 Sunset Dr., K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Descending Colon. INTERVAL BETWEEN ONSET AND DEATH 7 mths ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				153X	
19a. DATE OF OPERATION 7-28-'50		19b. MAJOR FINDINGS OF OPERATION Obstructive carcinoma of descending colon with metastases to liver, peritoneum, and transverse colon.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. CITY, TOWN, OR TOWNSHIP Kansas City		21c. COUNTY Missouri		21d. STATE Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/30/50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 25, 1950 , to Dec. 28, 1950 , that I last saw the deceased alive on Dec. 26, 1950 , and that death occurred at 2:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Geo. H. Thiele		(Degree or title) M.D.		23b. ADDRESS 411 Alameda Road, K.C. Mo.		23c. DATE SIGNED 12-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12-29-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE, Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Res. N. Thiele
Chicago, Ill. R. Og. - Jan. 34PX
2-11

NV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4535

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.